# Row 13072

Visit Number: d55446330a346a540a2eb32e9c7f7efe41321992a8e825322edb036bb73ecd7b

Masked\_PatientID: 13043

Order ID: 82f412de89fb0540217974fd3364b409579ba5b702d5cf5dfa816fb1ce7789e0

Order Name: CT Chest and Abdomen

Result Item Code: CTCHEABD

Performed Date Time: 16/2/2016 9:42

Line Num: 1

Text: HISTORY Type A dissection. Renal impairment TECHNIQUE Non-contrast CT of the thorax and abdomen. No intravenous contrast material was administered as requested and due to the patient's renal impairment (serum creatinine 155 umol/l). FINDINGS Comparison is made with the CT of 10 March 2014. The size of the aorta does not appear to have changed. The descending thoracic aorta and abdominal aorta are mildly aneurysmal, worst at the proximal descending thoracic aorta which measures 4.7 x 4.5 cm in diameter. This is unchanged from before. No periaortic haematoma is identified to suggest rupture or leakage. There is a small left pleural effusion but this is unchanged from before and shows no evidence of a haemothorax. The dimensions of the aorta are as follows: - aortic arch between the origins of the left common carotid and left subclavian arteries 4.1 x 3.9 cm - proximal descending thoracic aorta 4.7 x 4.5 cm - distaldescending thoracic aorta 3.9 x 3.2 cm - aorta at the diaphragmatic hiatus 3.9 x 3.3 cm - abdominal aorta at the level of the coeliac artery origin 3.8 x 3.1 cm - abdominal aorta at the level of the renal artery origins 3.1 x 3.0 cm - abdominal aorta 2 cm above the aortic bifurcation 2.5 x 2.1 cm. The patient is post-graft repair in the ascending aorta. The coeliac artery is again noted to be dilated, measuring 1.7 cm (series 2 image 91). This appears unchanged from before. The superior mesenteric artery is heavily calcified. The lungs are unremarkable. No enlarged lymph node is seen in the mediastinum and pulmonary hila. A tortuous vessel is again seen in the mediastinum, consistent with a varix involving the superior intercostal vein. The liver shows several subcentimetre hypodense lesions, unchanged from before and possibly representing small cysts. The liver also shows a tiny focus of calcification in its right lobe, possibly representing a granuloma. The gallbladder appears normal. The biliary tree is not dilated. The spleen, pancreas and left adrenal gland appear unremarkable. The right adrenal gland again shows a well-defined 2.3 x 1.5 cm nodule, unchanged from before and consistent with an adenoma. The right kidney appears normal. The left kidney again shows a partially exophytic 1.6 x 1.2 cm cyst in its interpolar region. There is no hydronephrosis. Several small diverticula are seen in the colon. The rest of the bowel appears unremarkable. No enlarged lymph node is detected. There is no ascites. Degenerative changes are seen in the spine. There is generalised osteopenia. CONCLUSION The size of the aorta has not changed compared to the CT of 10 March 2014. There is mild aneurysmal dilatation of the descending thoracic aorta and abdominal aorta due in part to a residual Stanford type B aortic dissection. No evidence of rupture or leakage is detected. Known / Minor Finalised by: <DOCTOR>

Accession Number: 1d333a3827a77621378ee3bbae61d36828b504854c6562c005f101f8066a0577

Updated Date Time: 16/2/2016 10:40